

Medicaid Pharmacy Consolidation Mco Technical Advisory Committee Meeting Minutes From November 28, 2007

I. Welcome and Introductions: Rich Albertoni asked attendees from the various HMOs to introduce themselves. Attendees from the HMOs are listed in Attachment 1. State attendees were Jim Vavra, Kimberly Smithers, Pam Appleby, Jonathan Moody, Carrie Gray, and Lisa jo VonAllmen. Brief mention was made that the Division of Health Care Financing, which currently is home to the FFS and managed care benefits bureaus, will be reorganized into the Division of Health Care Access and Accountability (DHCAA), effective December 3, 2007. The DHCAA will continue to house functions related to FFS and managed care benefits.

II. Work plan Overview: A number of documents were distributed to the group including:

- *The Pharmacy Consolidation Work Plan*—Rich Albertoni explained the work plan's purpose, the internal steering committee and the four sub-groups, which are addressing member and provider communications, fiscal issues, systems issues, and continuity of care. This document will evolve as the pharmacy consolidation project evolves.
- *The Pharmacy Consolidation Fiscal Note*—Rich provided an explanation of the fiscal note and the estimated savings that will be achieved by moving HMO members' pharmacy benefit to Medicaid FFS. The savings goal was in the 2007-2009 biennial budget. The Legislative Fiscal Bureau statement of legislative intent was for DHCF to implement a pharmacy consolidation to garner these savings.
- *A list of questions from the HMOs*—Following are the questions and the responses (in *italics*) provided by the DHCF internal steering committee:
 - ✓ Please confirm the effective date of the pharmacy carve out. *The effective date for the carve out is 2/1/08 to coincide with the MC contracts and the implementation of BadgerCare Plus.*
 - ✓ Will the Department send out a notice to all existing Family MA enrollees explaining the PBM changes that will be implemented on 2/1/08? *Yes*
 - ✓ Will the PBM have a website that has their PDL and PA forms that the HMOs can refer their participating providers to? *Yes, the link is included here.*
<http://dhfs.wisconsin.gov/medicaid/pharmacy/index.htm>
A website is being developed that will be devoted to the Pharmacy Consolidation Project.
 - ✓ Who will handle enrollee calls about pharmacy access issues? The PBM or the HMO? *Calls will be handled by EDS, the state's fiscal agent. Recipient services will employ an initial routing message for questions related to the Pharmacy Consolidation Project.*
 - ✓ Who will handle calls from providers who are experiencing problems getting a script filled or a PA considered? The PBM or the HMO? *Calls will be handled by EDS, the state's fiscal*

agent. Provider services will employ an initial routing message for questions related to the Pharmacy Consolidation Project.

HMO representatives asked that a contact be designated at the state for calls that cannot be resolved through recipient or provider services. *Scripts will be developed by the Communications sub-group for recipient and provider services to assist in answering questions.* HMOs also requested that scripts be developed for their help lines in order to answer questions.

- ✓ Will there be a need for a “transition plan” for any enrollees who have had prior authorization for non-preferred drugs, and if so, will the PBM handle this? *The Division has developed a 45-day transition policy for prior authorized drugs. Pharmacies will receive an informational explanation of benefits message when they process a claim that the drug on the claim will require PA beginning March 18, 2008. All members currently taking non-preferred mental health drugs will be grandfathered on those drugs indefinitely.*
 - ✓ Will disposable medical supplies purchased at the pharmacy (i.e. test strips) be included in the pharmacy carve-out? *Yes, the Division is developing a list of procedure codes for these items and they will be billed to Medicaid. In order to facilitate the creation of this list, it would be helpful to have the formularies of the HMOs. Please email them to Rich Albertoni.*
 - ✓ Pharmacy data is part of HMOs lock in procedures. How will this information be shared with HMOs going forward? Will FFS monitor the lock in process? How will HMOs receive pharmacy data in order to be compliant with the smoking cessation registry? *Please see the response to agenda item VI below.*
 - ✓ How will the carve out handle injectable drugs? *Our original recommendation was to use the claim type to determine which drugs was a pharmacy benefit and which drugs were under a medical benefit.* The TAC suggested that we use the place where the drug is administered/dispensed to determine if it would be included in the carve-out. Using Medicare Part B coverage status was another suggestion.
- *The draft member update*—The update was presented to the group. Please send any comments to Rich by Friday, November 30, 2007.
 - *The Pharmacy Consolidation Policy Overview*—Rich presented the paper and the policy assumptions associated with the project. There was much discussion about the 45-day transition period and whether or not it is an adequate amount of time and whether it conforms to state and/or federal law. The DHCAA steering committee will reach out to all stakeholders including HMOs, Pharmacy Society of Wisconsin, SSI Advisory Council, the Mental Health Drug Advisors, and the State Medical Society.

III. Data Exchange—Requirements and Discussion: The HMOs reviewed the document presented and had many suggestions. They asked for a number of additional fields to be included and a data dictionary to support the information provided. Kimberly Smithers will research the suggestions and present another iteration of this document at the next meeting.

IV. Break

V. Member Benefit Cards—Transition: The group moved into a discussion of transitioning member benefits cards. Some HMOs have separate pharmacy cards, i.e., through their PBM. GHC has one card for its members, which includes pharmacy information. The update to members tells them to bring all of their insurance cards to the pharmacy to ensure that they have all of their insurance information available so that the pharmacy can process their drug claims.

VI. Lock-In Program—Transition: The Lock-In program will remain consistent with current Medicaid policies and procedures. Candidates for lock-in are identified by provider referral and by monthly evaluations, by APS Healthcare's decision support tool, of members' claims data. HMO members in FFS will only be locked-in to a pharmacy due to the data sharing issues. HMOs will be notified once a member has been locked-in to a particular pharmacy. The HMOs asked if an effort could be made to coordinate the process so that members with pain contracts and other issues could remain locked-in to a primary care provider to ensure their continuity of care. A member will be locked-in for 24 months and will have appeal rights for this process.

The next meeting of the Medicaid Pharmacy Consolidation MCO Technical Advisory Committee is scheduled for Wednesday, December 12, 2007, from 10 am-12 pm at 1 W Wilson Street Room 751.